

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017432

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4176

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED MAY 1 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
6 hoursc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Christian HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4116 North Grand AveInside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Eugene

Middle E

Last Yackey

4. DATE OF DEATH

Month April

Day 21

Year 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐
separated8. DATE OF BIRTH
1-31-19089. AGE (last birthday)
5410. IF UNDER 1 YEAR
Months Days Hours Min.11. IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
General Maintenance Man10b. KIND OF BUSINESS OR INDUSTRY
St. Louis
Water Department11. BIRTHPLACE (City and state or country)
St. Louis, Mo12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Elmer Yackey

13b. MOTHER'S MAIDEN NAME

Jessie Greenwood

14. NAME OF HUSBAND OR WIFE

Lena Yackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes 2nd World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Gerald Yackey, 1510 E. Grand Avenue

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema;

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Failure from stenosis of the

DUE TO (c)

Aortic Valve; Fibrosis of the liver

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

421.1

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

32A

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Carson

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

4-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

April 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 23 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.